

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

REGISTRATION NO. 402,282
APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		0				
2				/			52		0				
3		0		/			53		0				
4		0		/			54		0				
5		0		/			55		0				
6		0		/			56		0				
7		0		/			57		0				
8		0		0			58		0				
9		0		0			59						
10		/		/			60						
11	/		/	/			61						
12		0		/			62						
13	/		/				63						
14	/		/				64						
15				/			65						
16		0		/			66						
17		0		/			67						
18				/			68						
19				/			69						
20		0		/			70						
21	/		/				71						
22	/		/				72						
23	/		/				73						
24		0		/			74						
25		0		/			75						
26		0		/			76						
27		0		/			77						
28		0		/			78						
29		0		/			79						
30		0		/			80						
31		0		/			81						
32		0		/			82						
33		0		/			83						
34		0		/			84						
35		0		/			85						
36		0		/			86						
37		0		/			87						
38		0		/			88						
39		0		/			89						
40		0		/			90						
41		0		/			91						
42		0		/			92						
43		/		/			93						
44		/		/			94						
45		/		/			95						
46		/		/			96						
47		0		/			97						
48		0		/			98						
49		0		/			99						
50		0		/			100						
TOTAL IND.			8				TOTAL IND.						
TOTAL DEP.			22				TOTAL DEP.						
TOTAL CLAIMS			30				TOTAL CLAIMS						